

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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**\*\*ADVISORY – Important Information\*\***

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**2008PHADV002**

**TO:** Acute Care Rural health Centers; Border Medical Officers; County EMA; EMS; Fire Departments; FQHC; Home Health Agencies; Hospital Association; ICPs; LHOs; LTCS; Maine Tribal Health Directors; ME Lab Facilities; ME Primary Care Association; MEMA; Public Health Nurses; Public health Optional; Public Health Required; Public Private Colleges; School Based Health Centers; School Nurses; State Federal Agencies

**FROM:** Dora Anne Mills, M.D., M.P.H., Public Health Director

**SUBJECT:** Widespread Influenza Activity in Maine

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Maine Center for Disease Control and Prevention (Maine CDC)  
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## Widespread Influenza Activity in Maine

Summary: In February, influenza activity has become widespread in Maine, with all 3 of the major seasonal influenza variants circulating. Outbreaks of influenza are occurring in schools and in long term care facilities across the state. Although there is a decrease in the relative efficacy of this year's vaccine against two of the three circulating strains, influenza vaccination is still strongly encouraged, especially to protect those persons at risk of more severe disease. Chemoprophylaxis and treatment of influenza with oseltamivir (*Tamiflu*) or zanamivir (*Relenza*) continues to be recommended in spite of low levels of oseltamivir resistance noted among influenza A (H1N1) in national studies. Influenza-related deaths in persons aged less than 18 years and outbreaks of influenza-like illnesses in long term care facilities should be immediately reported to Maine CDC at 1-800-821-5821.

Background: Active surveillance for influenza activity is conducted year-round in Maine as part of a national influenza surveillance system. Surveillance activities include monitoring levels of influenza-like illness at outpatient care sites, tracking influenza and pneumonia hospitalizations and deaths, identification of influenza and other respiratory viral isolates at major clinical laboratories in Maine, and typing and sub-typing of influenza isolates at the Maine Health and Environmental Testing Laboratory. Weekly reports are published during the season, and are available at: [http://www.maine.gov/dhhs/boh/Influenza\\_Surveillance.htm](http://www.maine.gov/dhhs/boh/Influenza_Surveillance.htm).

National Influenza Activity: Influenza activity has increased rapidly since early January and became widespread in almost every state by the week ending February 16<sup>th</sup>. Influenza B and both major subtypes of influenza A (H3N2 and H1N1) are circulating widely. Antigenic characterization of circulating viruses at the Federal CDC indicates that two of the three major influenza subtypes (influenza B and influenza A {H3N2}) are not well-matched to the corresponding antigens in this season's vaccine, which indicates that protective efficacy for these variants is probably decreased. There is a good vaccine match for the third circulating subtype (influenza A {H1N1}).

Antiviral Resistance: Two antiviral drugs, oseltamivir and zanamivir, have been recommended for prevention and treatment of influenza A and influenza B during this season. Testing for antiviral resistance at Federal CDC has identified low levels of resistance to oseltamivir (5.7%) in this year's isolates, all occurring in one subtype (influenza A {H1N1}). All tested viruses retained their sensitivity to zanamivir. The Federal CDC continues to recommend the use of both oseltamivir and zanamivir for influenza prevention and treatment.

Influenza in Maine: During this season, influenza was first detected in Maine in late November, with levels of activity observed to be sporadic or local through the end of January. During the first two weeks of February, however, influenza has become widespread and all three subtypes of influenza have been identified in the state. Since December, outbreaks of influenza and influenza-like illness were reported from six long

term care facilities and four schools (five confirmed to be influenza A and one confirmed to be influenza B) in eastern, western, midcoast, and Aroostook regions of the state.

Recommendations: Medical providers should be aware that influenza is circulating widely in Maine and review the recommendations for influenza prevention and control for 2007-08 published by Federal CDC

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm>).

- **Influenza vaccination is still strongly encouraged** for persons who wish to reduce their risk of becoming ill with or transmitting influenza, and especially for all children 6 months – 4 years, adults aged > 50 years, women who will be pregnant during the influenza season, persons with health conditions which place them at risk of influenza complications, residents of long term care facilities, health care workers, and household contacts of persons at risk of complications.
- Despite some low-level resistance to oseltamivir, there is **no change in the recommendations for the use of antiviral medications** (oseltamivir or zanamivir) for prophylaxis and for treatment of influenza. Note: The use of rimantidine and amantadine is not recommended because of high levels of resistance.
- The risk of influenza transmission and potentially high rate of influenza complications among residents of long term care facilities (LTCF) is of particular concern with the recent increases in transmission, and LTCF administrators and clinicians are strongly advised to immediately report outbreaks of febrile respiratory illness or any confirmed influenza cases among residents or staff by calling 1-800-821-5821. (See : <http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>)
- Further information on influenza surveillance activities in Maine can be found at: [http://www.maine.gov/dhhs/boh/Influenza\\_2007-2008.htm](http://www.maine.gov/dhhs/boh/Influenza_2007-2008.htm)